



Summer 2004  
Organizational Meeting Packet  
BASKETBALL REGISTRATION FORM  
PLEASE PRINT, USE BLACK INK



TEAM NAME \_\_\_\_\_  
FORMER TEAM NAME \_\_\_\_\_  
MANAGER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ OFFICE PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

CIRCLE THE LEAGUE YOU ARE REQUESTING:

COMPETITIVE  
MONDAY

RECREATIONAL A  
TUESDAY

RECREATIONAL B  
WEDNESDAY

RECREATIONAL C  
THURSDAY

**Note: Monday league will play at least 2 games on other nights due to gym availability issues during the season**

Teams with previous Tempe experience please answer the following:

WINTER 2004	<u>Classification</u>	<u>Gym</u>	<u>Record</u>
SUMMER 2003	<u>Classification</u>	<u>Gym</u>	<u>Record</u>

If you are requesting a change in league classification, why? \_\_\_\_\_

Other teams, PLEASE ANSWER THE FOLLOWING:

What City, classification and record did your team last play? \_\_\_\_\_

NEWLY ORGANIZED TEAMS PLEASE CHECK HERE \_\_\_\_\_. Why have you requested the classification above? \_\_\_\_\_

**All teams must be prepared to play Monday through Thursday in tournament play.**

**I understand that once the team registers, no refunds are available unless the league is cancelled.**

DO NOT WRITE BELOW THIS LINE

ENTRY FEE \_\_\_\_\_ PAID BY \_\_\_\_\_ RETURNED TO \_\_\_\_\_